BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE CHILD SUPPORT ENFORCEMENT DIVISION

Date:		
our Name:		
Are you the: Custodial Parent	Non-Custodial F	Parent
our address:		
(Street)	(City)	(State) (Zip
our phone number:		
ther parent's name:		
lames of child(ren) with this parent:		
LEASE PUT A CHECK MARK NEXT TO EACH OF THE FO	LLOWING THAT YOU WOULD	LIKE INFORMATION ON:
Address Change Arrearage	Calculation Sta	tus Request
Employment Change Court Dat	e UIF (out of State ca	
Income Withholding Modificat	ion	
Federal Offset – for Non-Custodial Parents Of (tax intercept)	NLY Support Cor	ntempt Request
N THE SPACE PROVIDED BELOW PLEASE PRINT YOUR	MESSAGE/REQUEST:	